



**CITY OF SAN ANTONIO**  
**DEPARTMENT OF DOWNTOWN OPERATIONS**  
**APPLICATION FOR DOWNTOWN MOBILE FOOD TRUCK VENDING PILOT PROGRAM**

City of San Antonio  
PO Box 839966  
San Antonio, TX 78283-3966  
P: (210) 207-3677  
F: (210) 207-4276

**LICENSE CODE NUMBER**

☐ **PRIMARY VENDOR - Pilot**  
**FEE: \$225.00 - PILOT**

**ORDINANCE NO. 2008-05-15-0402**

**PLEASE PRINT**

**PRIMARY VENDOR'S NAME:**

**HOME ADDRESS:**

**CITY/STATE/ZIP CODE:**

**HOME TELEPHONE NUMBER:**

**ALTERNATE TELEPHONE NUMBER:**

**VENDOR'S BUSINESS NAME:**

**E-MAIL ADDRESS:**

**DESCRIBE THE TYPE OF SPECIFIC ITEM (S) TO BE VENDED (ATTACH LIST IF NECESSARY):**

**STATE OF TEXAS TAX PERMIT #:**

**FOOD PERMIT #:**

**VENDING LOCATIONS**

**Circle 1st Choice:** HemisFair Park    Maverick Park    Historic Civic Center    Wildcard Location:

**Days of Operations:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Circle 2nd Choice:** HemisFair Park    Maverick Park    Historic Civic Center    Wildcard Location:

**Days of Operations:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**Circle 3rd Choice:** HemisFair Park    Maverick Park    Historic Civic Center    Wildcard Location:

**Days of Operations:** \_\_\_\_\_ **Hours of Operation:** \_\_\_\_\_

**READ BEFORE SIGNING**

I have received a copy of and agree to comply with the Policies and Procedures for the **Downtown Mobile Food Truck Vending** Program. I agree to indemnify and hold harmless the city against all liability arising out of my activities under this permit. **I AGREE THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH LIABILITY ARISES IN ANY PART FROM THE NEGLIGENCE OF CITY, BUT SHALL NOT APPLY IN CASES OF CITY'S SOLE ACTIVE NEGLIGENCE.**

I agree to participate at the location and times the committee has approved for me.

ONLY Mobile Kitchen On Wheels as defined by City Code shall be permitted to participate in the pilot program.

I have attached a copy of the agreement for use of a rest room with the application for each location I have identified above

I hereby certify that all information by furnished in this application is true and correct to the best of my knowledge and is submitted for the purpose of applying to the Department of Downtown Operations for the approved vending license/permit.

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT OF DOWNTOWN OPERATIONS**

☐ **APPROVED**    ☐ **DECLINED**    \_\_\_\_\_  
CITY OF SAN ANTONIO REPRESENTATIVE    DATE

**MATERIAL #: 9001180**

**IO#: 219000000000**

**LICENSE VALID**

**CUSTOMER#:**

**G/L#: 4407217**

**FROM : 5/1/2012**

**TO: 10/31/2012**